

**Certificate of Insurance for Reclaiming
Tennessee Department of Environment and Conservation, Division of Radiological
Health**

A Certificate of insurance must be worded as follows except that instructions in parentheses are to be replaced with the relevant information and the parentheses deleted:

Certificate of Insurance for Reclaiming

Name and Address of Insurer
(herein called the "Insurer"): _____

Name and Address of Insured
(herein called the "Insured") : _____

Facilities Covered: (List for each facility: The license number, name, address and the amount of insurance for reclaiming (these amounts for all facilities covered must total the face amount shown below))

Face Amount: \$ _____

Policy Number: _____

Effective Date: _____

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for reclaiming the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of part (4)(j)3 of Rule 0400-20-10-.12, as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulation is hereby amended to eliminate such inconsistency.

Whenever requested by the Director, Division of Radiological Health, Tennessee Department of Environment and Conservation, the Insurer agrees to furnish to the Director, Division of Radiological Health a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in part (4)(j)3 of Rule 0400-20-10-.12 as such regulation was constituted on the date shown immediately below.

(Authorized signature for Insurer)

(Name of person signing)

(Title of person signing)

Signature of witness or notary: _____

(Date)